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| I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).  |                                  |                        |              |                    |                      |                        |
| I hereby appoint:  |                                  |                        |              |                    |                      |                        |
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| as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned cityl to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 GFR 3.73(b). |                                  |                        |              |                    |                      |                        |
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|  |                                  |                        |              |                    |                      |                        |
| Assignee Name and Addr   | 088:                             |                        |              |                    |                      |                        |
| MESA Imaging AG  |                                  |                        |              |                    |                      |                        |
| Technoparkstrasse 1  |                                  |                        |              |                    |                      |                        |
| 8005 Zurich<br>Switzerland   |                                  |                        |              |                    |                      |                        |
| A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be   |                                  |                        |              |                    |                      |                        |
| filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of<br>the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee,  |                                  |                        |              |                    |                      |                        |
| and must identify the application in which this Power of Attorney is to be filed.  |                                  |                        |              |                    |                      |                        |
| SIGNATURE of Assignee of Record  The individes/Phose signature and title is supplied below is authorized to act on behalf of the assignee  |                                  |                        |              |                    |                      |                        |
| Signature Call VIX run   |                                  |                        |              | Date               | Date 12 JANUARY 2008 |                        |
| Name Jim Lewis   | - Ju                             |                        |              |                    | none 011 41 44 6     |                        |
| Title CEO  |                                  |                        |              |                    |                      |                        |
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